

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac St.

Suite 400

☐ Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2010

through

08

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Anderson

Signature of Treasurer

Electronically Filed by Brent Anderson

Date

10

16

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	77412.05
(b) Cash on Hand at Beginning of Reporting Period .....	422288.78	
(c) Total Receipts (from Line 19) .....	98955.00	2252084.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	521243.78	2329496.30
7. Total Disbursements (from Line 31) .....	194886.60	2003139.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	326357.18	326357.18
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	5660.20	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	W	Y
0	8	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	66350.00	1206171.50
(ii) Unitemized .....	305.00	106233.38
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	66655.00	1312404.88
(b) Political Party Committees .....	0.00	55.00
(c) Other Political Committees (such as PACs) .....	0.00	37422.37
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	66655.00	1349882.25
12. Transfers From Affiliated/Other Party Committees .....	32300.00	902202.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	98955.00	2252084.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	98955.00	2252084.25

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	106418.32	743534.76	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	106418.32	743534.76	
22. Transfers to Affiliated/Other Party Committees.....	15000.00	347500.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	677026.52	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	73468.28	235077.84	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	73468.28	235077.84	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	194886.60	2003139.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	194886.60	2003139.12	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	66655.00	1349882.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66655.00	1349882.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	106418.32	743534.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	106418.32	743534.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Allan H. Chin

Mailing Address 7 Truman Road

City

Peabody

State

MA

Zip Code

01960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 0

Transaction ID: 00920.C185408

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Counselman

Mailing Address 42 Crestview Rd

City

Belmont

State

MA

Zip Code

02178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M.I.T.

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 2 / 2 0 1 0

Transaction ID: 00820.C184837

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Dacier

Mailing Address 92 Woodland Street

City

Sherborn

State

MA

Zip Code

01770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: 00820.C185172

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Grace Fey

Mailing Address 6 Commonwealth Avenue  
Apt. 3

City State Zip Code  
Boston MA 02116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Frontier Capital Managemen-  
nt

Occupation  
Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 1 0

Transaction ID: 00920.C185503

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Jane Gnazzo

Mailing Address PO Box 1119  
404 W. Cotter Avenue

City State Zip Code  
Port Aransas TX 78373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Real Estate Developpe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 1 0

Transaction ID: 00920.C185505

Amount of Each Receipt this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

Marcy Gringlas

Mailing Address 727 Merion Square Rd

City State Zip Code  
Gladwyne PA 19035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Best Effort Sent

Occupation  
Best Effort Sent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 00820.C185231

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Kroncke

Mailing Address 51 Baker Place

City

Newton

State

MA

Zip Code

02462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McCarter and English

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 1 0

Transaction ID: 00920.C185506

Amount of Each Receipt this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

David McKane

Mailing Address 48 Owenoke Park

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverland and Indain Sun

Occupation  
investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: 00820.C185169

Amount of Each Receipt this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

Harry Nudelman

Mailing Address 171 Commonwealth Ave, Unit 1

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Private Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 00820.C185226

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

30000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Longhorn Pac

Mailing Address 7315 Wisconsin Ave

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 1 0

Transaction ID: 00920.C185500

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Lynda Voghel

Mailing Address 497 Old Road to 9 Acres Corner

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: 00820.C185165

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

66350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 54

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

C00003418

Name of Employer  
Political Committee

Occupation

FEC ID: C00003418

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

68032.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: 00920.C185774

Amount of Each Receipt this Period

32300.00

REPUBLICAN NATIONAL COMMITTEE

**SUBTOTAL** of Receipts This Page (optional) .....

32300.00

**TOTAL** This Period (last page this line number only) .....

32300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Brockton Rox

Mailing Address Campanelli Stadium  
MA

City Brockton State MA Zip Code 02301

Purpose of Disbursement  
MEMO: AMEX CHARGE - FUNDRAISING TIX FOR

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12502

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Amount of Each Disbursement this Period

500.00

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Brockton Rox

Mailing Address Campanelli Stadium  
MA

City Brockton State MA Zip Code 02301

Purpose of Disbursement  
MEMO: AMEX CHARGE - BASEBALL TIX FOR FUN

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12503

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Amount of Each Disbursement this Period

200.00

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

AlphaGraphics

Mailing Address 74 Canal Street  
MA

City Boston State MA Zip Code 02114

Purpose of Disbursement  
MEMO: AMEX CHARGE - BANNER PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12498

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Amount of Each Disbursement this Period

846.74

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Boston Marriott Newton

Mailing Address 2345 Commonwealth Ave.  
MA

City State Zip Code  
Newton MA 02466

Purpose of Disbursement  
MEMO: AMEX CHARGE - STATE COMM. MEETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12500

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2010

Amount of Each Disbursement this Period

1029.19

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Continental Airlines

Mailing Address 1600 Smith Street  
TX

City State Zip Code  
Houston TX 77022

Purpose of Disbursement  
MEMO: AMEX CHARGE - JNASSOUR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12501

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2010

Amount of Each Disbursement this Period

479.10

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Mortons the Steakhouse

Mailing Address 2 Seaport Lane  
MA

City State Zip Code  
Boston MA 02210

Purpose of Disbursement  
MEMO: AMEX CHARGE - FUNDRAISING DINNER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12499

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2010

Amount of Each Disbursement this Period

5539.85

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address Dwight D. Eisenhower Building  
DC

City Washington State DC Zip Code 20003

Purpose of Disbursement  
MEMO: EXPENSES FOR J NASSOUR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12473

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

209.11

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Tim Buckley

Mailing Address 55 W Broadway #8  
MA

City Boston State MA Zip Code 02127

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12494

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ryan Coleman

Mailing Address 9 Stearms Street  
MA

City Swampscott State MA Zip Code 01907

Purpose of Disbursement  
REIMBURSEMENT FOR PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12483

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

**B.** Form/Schedule : **SB21b**  
Transaction ID : **00920.E12494**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

**C.** Form/Schedule : **SB21b**  
Transaction ID : **00920.E12483**

Verizon Wireless 340 Washington St. Boston, MA 02108

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Ryan Coleman

Mailing Address 9 Stearms Street  
MA

City State Zip Code  
Swampscott MA 01907

Purpose of Disbursement  
REIMBURSEMENT FOR PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12485

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1  
MA

City State Zip Code  
Brookline MA 02446

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12409

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

168.60

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.  
MA

City State Zip Code  
Boston MA 02131

Purpose of Disbursement  
REIMBURSEMENT FOR PHONE FOOD AND TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12438

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

511.27

SUBTOTAL of Disbursements This Page (optional) .....

779.87

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21b**  
Transaction ID : **00920.E12485**

Verizon Wireless 340 Washington St. Boston, MA 02108

C. Form/Schedule : **SB21b**  
Transaction ID : **00920.E12438**

\$169.68 Verizon Wireless 340 Washington St. Boston, MA 02108; \$10 Au Bon Pain 101 Merrimac St. Boston, MA 02114; \$57.99 Viva Burrito 66 Staniford St. Boston, MA 02114; \$30 Metro Cab 120 Braintree St. Allston, MA 02134



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street  
MA

City Quincy State MA Zip Code 02170

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL AND PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12443

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

491.20

B.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street  
MA

City Quincy State MA Zip Code 02170

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL AND PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12444

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

428.16

C.

Full Name (Last, First, Middle Initial)

Nick Lehr

Mailing Address 38 Saunders Rd.  
MA

City Boston State MA Zip Code 02134

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12464

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

1219.36

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21b**  
Transaction ID : **00920.E12443**

\$446.20 Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114; \$45 LAZ Parking 100 High St. Boston, MA 02110

B. Form/Schedule : **SB21b**  
Transaction ID : **00920.E12444**

\$368.16 Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114; \$60 LAZ Parking 100 High St. Boston, MA 02110

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nick Lehr

Mailing Address 38 Saunders Rd.  
MA

City Boston State MA Zip Code 02134

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12466

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve  
MA

City Boston State MA Zip Code 02131

Purpose of Disbursement  
REIMBURSEMENT FOR PHONE TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12460

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

162.00

C.

Full Name (Last, First, Middle Initial)

Melissa Lucas

Mailing Address 22 Slayton Road  
MA

City Melrose State MA Zip Code 02176

Purpose of Disbursement  
FUNDRAISING CONSULTING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12453

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

4124.00

SUBTOTAL of Disbursements This Page (optional) .....

4586.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
MA

City Boston State MA Zip Code 02129

Purpose of Disbursement  
REIMBURSEMENT FOR PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12448

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

128.50

B.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
MA

City Boston State MA Zip Code 02129

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12449

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

97.38

C.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
MA

City Boston State MA Zip Code 02129

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12450

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

140.00

SUBTOTAL of Disbursements This Page (optional) .....

365.88

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21b**  
Transaction ID : **00920.E12448**

AT&T 290 Washington St. Boston, MA 02108

B. Form/Schedule : **SB21b**  
Transaction ID : **00920.E12449**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

C. Form/Schedule : **SB21b**  
Transaction ID : **00920.E12450**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Nassour	<b>Transaction ID:</b> 00920.E12436 <b>Date of Disbursement</b>																				
Mailing Address 49 Chelsea St., Unit C1-307 MA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	1	0												
City Boston State MA Zip Code 02129	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL Candidate Name	<table border="1"> <tr> <td colspan="10">858.50</td> </tr> </table>	858.50																			
858.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Lakeside Office Park Quannapowitt 591	<b>Transaction ID:</b> 00920.E12480 <b>Date of Disbursement</b>																				
Mailing Address 591 North Avenue MA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	1	0												
City Wakefield State MA Zip Code 01880	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FIELD OFFICE RENT Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lakeside Office Park Quannapowitt 591	<b>Transaction ID:</b> 00920.E12481 <b>Date of Disbursement</b>																				
Mailing Address 591 North Avenue MA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	1	0												
City Wakefield State MA Zip Code 01880	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FIELD OFFICE RENT Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3858.50**

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21b**  
Transaction ID : **00920.E12436**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Michael Jacobian

Mailing Address Tabor Academy Young Republicans  
MA

City Marion State MA Zip Code 02738

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12458

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Advantage Payroll Services

Mailing Address 747 Main Street #222  
MA

City Concord State MA Zip Code 01742

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12403

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

6248.39

C.

Full Name (Last, First, Middle Initial)

Advantage Payroll Services

Mailing Address 747 Main Street #222  
MA

City Concord State MA Zip Code 01742

Purpose of Disbursement  
PAYROLL FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12404

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

519.63

SUBTOTAL of Disbursements This Page (optional) .....

7018.02

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21b**  
Transaction ID : **00920.E12458**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 54

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Advantage Payroll Services

Mailing Address 747 Main Street #222  
MA

City Concord State MA Zip Code 01742

Purpose of Disbursement  
PAYROLL FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12405

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

104.14

B.

Full Name (Last, First, Middle Initial)

Advantage Payroll Services

Mailing Address 747 Main Street #222  
MA

City Concord State MA Zip Code 01742

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12406

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

6495.54

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 1270  
NJ

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD FEE SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12407

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

9333.47

SUBTOTAL of Disbursements This Page (optional) .....

15933.15

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 00920.E12408 Date of Disbursement MM / DD / YYYY 08 / 26 / 2010
	Mailing Address PO Box 1270 NJ	
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period 4863.94
	Purpose of Disbursement CREDIT CARD FEE SEE BELOW	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 00920.E12504 Date of Disbursement MM / DD / YYYY 08 / 23 / 2010
	Mailing Address P.O. Box 619612 TX	
	City Dallas State TX Zip Code 75261	Amount of Each Disbursement this Period 625.70
	Purpose of Disbursement MEMO: AMEX CHARGE - JNASSOUR TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) Wachusett Mountain	Transaction ID: 00920.E12506 Date of Disbursement MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 100 Princeton Rd. MA	
	City Princeton State MA Zip Code 01541	Amount of Each Disbursement this Period 3134.39
	Purpose of Disbursement MEMO: AMEX CHARGE - VENUE RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

4863.94

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

WoRcester Tornadoes

Mailing Address 303 Main Street  
MA

City Worcester State MA Zip Code 01608

Purpose of Disbursement  
MEMO: AMEX CHARGE - BASEBALL TIX FOR FR

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12507

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	0

Amount of Each Disbursement this Period

250.00

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Aristotle Publishing

Mailing Address 50 E Street, SE  
DC

City Washington State DC Zip Code 20003

Purpose of Disbursement  
DATABASE SERVICE FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12412

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

Amount of Each Disbursement this Period

2343.75

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 104 Canal Street  
MA

City Boston State MA Zip Code 02114

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	0

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional) .....

2418.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 104 Canal Street MA</p> <p>City Boston State MA Zip Code 02114</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00920.E12416</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="74.99"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 104 Canal Street MA</p> <p>City Boston State MA Zip Code 02114</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00920.E12417</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 104 Canal Street MA</p> <p>City Boston State MA Zip Code 02114</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00920.E12418</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.42"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**220.41**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 104 Canal Street  
MA

City Boston State MA Zip Code 02114

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12419

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center  
MA

City Boston State MA Zip Code 02215

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12420

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

1442.19

C.

Full Name (Last, First, Middle Initial)

Bowditch & Dewey

Mailing Address 311 Main St.  
MA

City Worcester State MA Zip Code 01615

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12421

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

1600.00

SUBTOTAL of Disbursements This Page (optional) .....

3072.19

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

110.00

11000.00

300.00

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Comcast

Mailing Address PO Box 196  
NJ

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
CABLE BILL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12425

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

364.90

**B.**

Full Name (Last, First, Middle Initial)

Comcast

Mailing Address PO Box 196  
NJ

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
CABLE BILL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12426

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

114.90

**C.**

Full Name (Last, First, Middle Initial)

Direct Mail Systems

Mailing Address 12450 Automobile Boulevard  
FL

City Clearwater State FL Zip Code 33762

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12427

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

2329.36

**SUBTOTAL** of Disbursements This Page (optional) .....

2809.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Direct Mail Systems

Mailing Address 12450 Automobile Boulevard  
FL

City Clearwater State FL Zip Code 33762

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12428

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

1024.15

**B.**

Full Name (Last, First, Middle Initial)

Exeter Group, Inc

Mailing Address 1 Canal Park  
MA

City Cambridge State MA Zip Code 02141

Purpose of Disbursement  
IT CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12429

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

6876.00

**C.**

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 2 Center Plaza  
MA

City Boston State MA Zip Code 02108

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12430

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

40.09

**SUBTOTAL** of Disbursements This Page (optional) .....

7940.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 2 Center Plaza  
MA

City Boston State MA Zip Code 02108

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12431

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

13.59

**B.**

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 2 Center Plaza  
MA

City Boston State MA Zip Code 02108

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12432

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

481.54

**C.**

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 2 Center Plaza  
MA

City Boston State MA Zip Code 02108

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12433

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

13.52

**SUBTOTAL** of Disbursements This Page (optional) .....

508.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

FLS Connect

Mailing Address 7300 Hudson Blvd. Ste  
MN

City State Zip Code  
Saint Paul MN 55128

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12434

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

5212.00

B.

Full Name (Last, First, Middle Initial)

FLS Connect

Mailing Address 7300 Hudson Blvd. Ste  
MN

City State Zip Code  
Saint Paul MN 55128

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12435

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

2317.00

C.

Full Name (Last, First, Middle Initial)

Kauppi Communications

Mailing Address 27 Townly Road  
MA

City State Zip Code  
Watertown MA 02472

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12441

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

10529.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kauppi Communications

Mailing Address 27 Townly Road  
MA

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12442

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322  
PA

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
COPIER LEASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12447

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

898.24

C.

Full Name (Last, First, Middle Initial)

Osgood Bradley Building Corp

Mailing Address 18 Grafton St.  
MA

City Worcester State MA Zip Code 01604

Purpose of Disbursement  
FIELD OFFICE RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12467

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

4398.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Osgood Bradley Building Corp

Mailing Address 18 Grafton St.  
MA

City Worcester State MA Zip Code 01604

Purpose of Disbursement  
FIELD OFFICE RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00920.E12468

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
MA

City Boston State MA Zip Code 02114

Purpose of Disbursement  
OFFICE UTILITIES FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00920.E12471

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

644.09

**C.**

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
MA

City Boston State MA Zip Code 02114

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00920.E12472

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

4434.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5578.09

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Poland Spring

Mailing Address Processing Center  
AZCity State Zip Code  
Phoenix AZ 85072Purpose of Disbursement  
BOTTLED WORK

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12476

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 0

Amount of Each Disbursement this Period

188.51

B.

Full Name (Last, First, Middle Initial)

Prosper Group

Mailing Address 1001 Commerce Parkway S Dr., Suite  
INCity State Zip Code  
Greenwood IN 46143Purpose of Disbursement  
VICTORY ID PHONECALLS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12477

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 0

Amount of Each Disbursement this Period

9420.96

C.

Full Name (Last, First, Middle Initial)

Prosper Group

Mailing Address 1001 Commerce Parkway S Dr., Suite  
INCity State Zip Code  
Greenwood IN 46143Purpose of Disbursement  
VICOTRY ID PHONECALLS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12478

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

1561.88

SUBTOTAL of Disbursements This Page (optional) ▶

11171.35

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
NH

City Dublin State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12486

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

Amount of Each Disbursement this Period

14.01

**B.**

Full Name (Last, First, Middle Initial)

SCR &amp; Associates

Mailing Address 4 Leblanc Dr  
MA

City Danvers State MA Zip Code 01923

Purpose of Disbursement  
FUNDRAISING CONSULTING FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12487

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

Amount of Each Disbursement this Period

6000.00

**C.**

Full Name (Last, First, Middle Initial)

Sprint/Nextel

Mailing Address PO Box 17990  
CO

City Denver State CO Zip Code 80217

Purpose of Disbursement  
CELL PHONE FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12488

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

Amount of Each Disbursement this Period

83.73

SUBTOTAL of Disbursements This Page (optional) .....

6097.74

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1  
MA

City Worcester State MA Zip Code 01654

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12495

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	0

Amount of Each Disbursement this Period

1414.68

SUBTOTAL of Disbursements This Page (optional) .....

1414.68

TOTAL This Period (last page this line number only) .....

106393.22

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Massachusetts Republican Party

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
Over-Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.1

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Massachusetts Republican Party

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
Over-Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.2

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Massachusetts Republican Party

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
Over-Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.3

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

15000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Pierce Tria

Mailing Address 210 Brooks Ben  
NJ

City Princeton State NJ Zip Code 08540

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1082.54

B.

Full Name (Last, First, Middle Initial)

Pierce Tria

Mailing Address 210 Brooks Ben  
NJ

City Princeton State NJ Zip Code 08540

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12475

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1082.55

C.

Full Name (Last, First, Middle Initial)

Tim Buckley

Mailing Address 55 W Broadway #8  
MA

City Boston State MA Zip Code 02127

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12492

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1002.14

**SUBTOTAL** of Disbursements This Page (optional) .....

3167.23

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Tim Buckley

Mailing Address 55 W Broadway #8  
MA

City Boston State MA Zip Code 02127

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12493

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

1002.13

**B.**

Full Name (Last, First, Middle Initial)

Ryan Coleman

Mailing Address 9 Stearms Street  
MA

City Swampscott State MA Zip Code 01907

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12482

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Amount of Each Disbursement this Period

979.04

**C.**

Full Name (Last, First, Middle Initial)

Ryan Coleman

Mailing Address 9 Stearms Street  
MA

City Swampscott State MA Zip Code 01907

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12484

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

979.03

SUBTOTAL of Disbursements This Page (optional) .....

2960.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Nicholas Connors</p> <p>Mailing Address 34 Governor Road MA</p> <p>City Stoneham State MA Zip Code 02180</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00920.E12462</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 621.67</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Tarah Donoghue</p> <p>Mailing Address 3 Main Street MA</p> <p>City Dover State MA Zip Code 02030</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00920.E12489</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1538.70</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Tarah Donoghue</p> <p>Mailing Address 3 Main Street MA</p> <p>City Dover State MA Zip Code 02030</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00920.E12490</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1538.71</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

3699.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1  
MA

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12410

Date of Disbursement

/   /

Amount of Each Disbursement this Period

630.69

B.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1  
MA

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12411

Date of Disbursement

/   /

Amount of Each Disbursement this Period

630.70

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.  
MA

City Boston State MA Zip Code 02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12439

Date of Disbursement

/   /

Amount of Each Disbursement this Period

960.33

**SUBTOTAL** of Disbursements This Page (optional) .....

2221.72

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.  
MA

City Boston State MA Zip Code 02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12440

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

960.34

B.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street  
MA

City Quincy State MA Zip Code 02170

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12445

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Amount of Each Disbursement this Period

1018.67

C.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street  
MA

City Quincy State MA Zip Code 02170

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12446

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

1018.66

SUBTOTAL of Disbursements This Page (optional) ►

2997.67

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nick Lehr

Mailing Address 38 Saunders Rd.  
MA

City Boston State MA Zip Code 02134

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12463

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Nick Lehr

Mailing Address 38 Saunders Rd.  
MA

City Boston State MA Zip Code 02134

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12465

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve  
MA

City Boston State MA Zip Code 02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00920.E12459

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**4149.93**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve  
MA

City Boston State MA Zip Code 02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12461

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

2145.65

B.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
MA

City Boston State MA Zip Code 02129

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12451

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Amount of Each Disbursement this Period

1142.82

C.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
MA

City Boston State MA Zip Code 02129

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12452

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

1142.83

SUBTOTAL of Disbursements This Page (optional) ▶

4431.30

TOTAL This Period (last page this line number only) ▶

	21b		22		23		24		25		26
	27		28a		28b		28c		29	x	30b

Massachusetts Republican State Congressional Committee

1523.40

1523.41

1418.13

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 24 Sidlaw Road Apt 3  
MA

City Brighton State MA Zip Code 02135

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12497

Date of Disbursement

08 / 15 / 2010

Amount of Each Disbursement this Period

1418.14

B.

Full Name (Last, First, Middle Initial)

Michael Yacobian

Mailing Address Tabor Academy Young Republicans  
MA

City Marion State MA Zip Code 02738

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12456

Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

979.04

C.

Full Name (Last, First, Middle Initial)

Michael Yacobian

Mailing Address Tabor Academy Young Republicans  
MA

City Marion State MA Zip Code 02738

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12457

Date of Disbursement

08 / 15 / 2010

Amount of Each Disbursement this Period

979.03

SUBTOTAL of Disbursements This Page (optional) .....

3376.21

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Public Opinion Strategies

Mailing Address 277 South Washington Street, Suite  
VA

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
POLLING RESEARCH FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12479

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period

40000.00

**B.**

Full Name (Last, First, Middle Initial)

Three Group LLC

Mailing Address 5 Bayard Road Suite 507  
PA

City Pittsburgh State PA Zip Code 15213

Purpose of Disbursement  
VICTORY MICROTARGETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00920.E12491

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

42000.00

TOTAL This Period (last page this line number only) ..... ►

73468.28

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 53 / 54

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect

Nature of Debt (Purpose):

Mailing Address 7300 Hudson Blvd. Ste

City State ZIP Code  
Saint Paul MN 55128

Outstanding Balance Beginning This Period

3910.20

Transaction ID: LS91217.E11763

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3910.20

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-Nexis

Nature of Debt (Purpose):

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-Nexis

Nature of Debt (Purpose):

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional).....

4410.20

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 54 / 54

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Lexis-Nexis

Nature of Debt (Purpose):

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1250.00

2) **TOTALS** This Period (last page this line number only)..... ▶

5660.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5660.20